CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT 2.a. NAME OF COMMIT	ANDIDATE OR COMMITTEE lee to Elect John P. "Duke" FranklinJR
2.b. IF COMMITTEE, NAME OF CANDIDATE	3. ELECTION DATE
John P Franklin Jn	November 3, 1998
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City 2233 Nimite St Ch4	State Zip Code Phone HANDOGA TN 37406 622-4402
CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City	State Zip Code Phone
5. OFFICE SOUGHT (include district number, if applicable) Chatanooga City Council Dist 3	6. NAME OF POLITICAL TREASURER (may be candidate) JAMES R Williams
7. CATEGORY OR REPORT (Check one)	E POOT OFFICEN E CUEDI ENERTA E AMENDED E
PRE-PRIMARY POST-PRIMARY PRE-GENERAL	POST-GENERAL SUPPLEMENTAL AMENDED
8.a. BEGINNING DATE OF REPORTING PERIOD 8 - 28 - 1998	8.b. ENDING DATE OF REPORTING PERIOD 10 - 27 - 98
9. (Check one)	27 13
This campaign is exempt from detailed disclosure becaus tures total \$1,000 or less for this reporting period. (Comp.)	e contributions (including in-kind) received total \$1,000 or less AND expendi- lete items 12d., 12e. and 12f.)
 This campaign is required to file a detailed financial disclosured and/or expenditures total more than \$1,000 for this report 	sure because contributions (including in-kind) received total more than \$1,000 ing period.
accurate accounting of campaign contributions and expenditure	in this campaign financial disclosure report is true and that this report is an is required to be reported by the candidate committee by the Campaign no campaign contributions have been expended for the personal financial defined by the federal internal revenue code. Compared Comp
11. SWORN TO AND SUBSCRIBED BEFORE ME IN THE	SWORN TO AND SUBSCRIBED BEFORE ME IN THE
STATE OF I HNESSE	STATE OF _ (envessee
THIS 27th DAY OF October 1998	THIS 27th DAY OF OCTOBER 19 98
2/8/2000	notary public 2/8/3000
date commission expires	date commission expires
Notary Seal	Notary Seal
SUMMARY a. BALANCE ON HAND LAST REPORT	. 0
b. TOTAL RECEIPTS THIS PERIOD	0 110 0
c. TOTAL DISBURSEMENTS THIS PERIOD	10
d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.)	. 9/
e. TOTAL LOANS OUTSTANDING	. 90
f. TOTAL OBLIGATIONS OUTSTANDING	1 710 90

SUMMARY PAGE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD
John Ptranklin Jn	FROM: 8-28-98 TO: 10-27-9
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 1880.00
b. Itemized Contributions (over \$100 from each source this period)	\$ 6550,00
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	\$ 8,430
16. LOANS RECEIVED THIS REPORTING PERIOD	00
17. INTEREST RECEIVED THIS REPORTING PERIOD	s <u>'</u> —
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ 13,430°
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e	e.g., printing, postage, gasoline)
CEll Phone \$ 67.	00
Postage \$ 64.	
F000 \$ 50:	
Supplies \$ 75	,00
\$	
	251.00
Total of Expenditures (\$100 or less each payee)	
b. Itemized Campaign Expenditures (Over \$100 each payee this period)	\$ 3 633
c. Itemized Other Expenditures (Over \$100 each payee this period)	
d. TOTAL EXPENDITURES (other than loan repayments)(add 19.a., 19.b. and 19.c.)	
20. LOAN REPAYMENTS MADE THIS PERIOD	1 miall
21. TOTAL DISBURSEMENTS (add 19.d. and 20.) (must be shown in item 12.c.)	\$ 6,114
22. IN-KIND CONTRIBUTIONS	
Unitemized in-kind contributions (\$100 or less from each source this period)	100
b. Itemized in-kind contributions (over \$100 from each source this period)	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b	s)ss
23.LOANS	5 60.00
LOANS OUTSTANDING (must be shown in item 12.e.)	\$ 5,000
24. OBLIGATIONS	
Unitemized Obligations Outstanding (\$100 or less each)	
b. Itemized Obligations Outstanding (Over \$100 each)	\$0-
c. TOTAL OBLIGATIONS OUTSTANDING (add 24.a. and 24.b.) (must be shown i iter	m 12.f.) \$ 💍 -

See Attached Listing

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	RING THE PERIOD					
John P Frank	TO: 10-27-98					
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	Amount — O —					
4. COMPLETE THE APPROPRIATE ITEMS FOR E	_)	
First Name	Middle Nar	PERSONAL PROPERTY AND ADDRESS OF THE PARTY AND	Contribution Received For:	Amount of Contribution		
Last Name/Organization Name			Primary Election	General Election		
			_			
Address			Other Election (Specify	Other Election (Specify)		
City	State	Zip Code	Date of Contribution(s)	Aggregate this Election		
First Name	Middle Nan	ne	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name			Primary Election	General Election		
Address			Other Election (Specify)		
City	State	Zip Code	Date of Contribution(s)		Aggregate this Election	
First Name	Middle Nar	Tie	Contribution Received For:		Amount of Contribution	
Tark Variable Phart - Frank			Drimon Floring	Conomic Floring		
Last Name/Organization Name			Primary Election	General Election		
Address			Other Election (Specify)		
City	State	Zip Code	Date of Contribution(s)		Aggregate this Election	
First Name	rst Name Middle Name				Amount of Contribution	
Last Name/Organization Name			Primary Election	General Election		
Address			Other Election (Specify)		
City State Zip Code		Zip Code	Date of Contribution(s)		Aggregate this Election	
First Name	Middle Nan	ne	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name			Primary Election	General Election		
Address			Other Election (Specify)		
City	State	Zip Code	Date of Contribution(s)		Aggregate this Election	
First Name	Middle Nam	ne	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name			☐ Primary Election ☐	General Election		
Address			☐ Other Election (Specify)			
	Cloto	7 in Code			Accessed this Electron	
City	State	Zip Code	Date of Contribution(s)		Aggregate this Election	
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages (If this is the last page of contributions, this amount must					6550.°°	

Curtis P. Johnson 2013 Hamilton Brow Path Chattanooga, Tennessee 37421	\$100.00	9/1
James Bowles 4011 Midland Avenue Chattanooga, Tennessee 37411-2923	\$100.00	9/1
Thomas J. Brooks, III, M.D. 340 N. Holtzclaw Avenue Chattanooga, Tennessee 37404	\$500.00	9/21
Alan Hughes, M.D. 5378 Sky Valley Drive Chattanooga, Tennesee 37343	\$200.00	10/02
Calvin A. Bell, M.D. 9344 Shadow Point Circle Chattanooga, Tennessee 37421	\$300.00	10/02
James Scott McDearman 1258 Duane Road Chattanooga, Tennessee 37405	\$100.00	10/16
Antonio L. Matthews 2507 McRay Street Chattanooga, Tennessee 37406	\$250.00	10/16
Travis McDonough 1175 Pineville Road Apt. 32 Chattanooga, Tennessee 37405	\$100.00	10/16
Robert J. Clark, D.D.S. 7459 Twinbrook Drive Chattanooga, Tennessee 37421	\$100.00	9/14
Shakir M. Rashed 4715 Briarwood Drive Chattanooga, Tennessee 37416	\$100.00	9/17
John L. Edwards, III 3031 Wilcox Blvd. Chattanooga, Tennessee 37411	\$100.00	9/17
Marcia J. Eason 33 Rockcrest Drive Signal Mountain, Tennessee 37377	\$100.00	10/07
Roger W Dickson 1 Folts Circle Chattanooga, Tennessee 37415	\$100.00	10/08

Lonnie R. Boaz, III, M.D. 1829 Marijon Drive Chattanoga, Tennessee 37421	\$500.00	10/02
Valerie A. Boaz, M.D. 912 Hummingbird Lane Chattanooga, Tennessee 37412-4122	\$500.00	10/01
Andre M. Boaz 756 Flinn Drive Chattanooga, Tennessee 37412	\$100.00	9/30
H Wayne Grant 900 Republic Centre 633 Chestnutt Street Chattanooga, Tennessee 37450	\$350.00	9/23
John P Konvalinka 318 Carriage Hill Signal Mountain, Tennessee 37377-2337	\$350.00	9/22
Charles Key c/o Jet Bonding Company 600 M L King Boulevard Chattanooga, Tennessee 37403	\$500.00	9/25
Erskine Peoples 4812 Cordelia Lane Chattanooga, Tennessee 37416	\$100.00	9/30
Gerald A. Mason 3101 Donna Lane Chattanooga, Tennessee 37404-1812	\$250.00	9/1

Shelby R. Grubbs 1000 Volunteer Bldg. 832 Georgia Avenue Chattanooga, Tennessee 37402-2207	\$150.00	10/06
Alfred E. Smith, Jr. 416 North Palisades Drive Signal Mountain, Tennessee 37377	\$200.00	10/08
Whitney Durand 1914 East Brow Road	\$200.00	10/06
Signal Mountain, Tennessee 37377		

Total Itemized Contribut	tions:
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10/27/98

Verified by

JAMES R. WILLIAMS Branch Officer

755-0218 PIONEER BANK

3501 Rossville Boulevard CHATTANOOGA, TENNESSEE 37407 (423) 755-0440 (423) 846-0897 PAGER

<u>\$6550.00</u>
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Pa 6 of 10

ITEMIZED STATEMENT OF CAMPAIGN EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER	
John P Fra	TO: 10-27-98				
TOTAL ITEMIZED CAMPAIGN EXPENDITE				no)	Amount
COMPLETE THE APPROPRIATE ITEMS FOR E			·		uring the period)
	-			we start \$100 to any payor or	
First Name	Middle Na	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Local Company	~]		
Address]		(Cr)
City	State	Zip Code	Advert	15151	\$500
First Name	Middle Nar	ne	Purpose of Expenditure	Amount of Expenditure	
Last Name Business Name	JII				
Address			1		
City	State	Zip Code	Advert	15171	\$15000
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	^				
Address Address	7				
City	State	Zip Code			+ 70 C 64
			SIGNS		P 199
First Name	Middle Nam	16	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	cial Suc	5			
Address					
City	State	Zip Code	LAP TOP	Computer	\$ 50000
First Name	Middle Nam	e	Purpose of Expenditure	Amount of Expenditure	
Last Name/Business Name Address	9 -	Design			
City	State	Zip Code	RECEP	+10-	\$ 12750
First Name	Middle Nam	0	Purpose of Expenditure		Amount of Expenditure
Bessie Smith Performance Ital				19	3
Address					
			^		0.0
City	State	Zip Code	Recep	tion	\$30000
	URES of this form a	re used.)	Recep	tion	\$ 300°°

ITEMIZED STATEMENT OF CAMPAIGN EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	nn	Klin	Tin	2. REPORT COVER	TO: /O-27-CR
				0.00	Amount
TOTAL ITEMIZED CAMPAIGN EXPENDITU COMPLETE THE APPROPRIATE ITEMS FOR E					3727,14
First Name	Middle Na		Purpose of Expenditure	and the growth of the poyon of	Amount of Expenditure
Prist Name	Middle Na	me	Purpose of Experioliture		Amount of Expenditure
Last NamerBusiness Name Address Control Contr	nto	erind			
City	State	Zip Code	Rece	ption	\$430 29
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last NamerBusiness Name S+AIN E55 Me Address	ta	1 Preduct	S .		
City	State	Zip Code	Sig	ns	4113 66
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Terry Oveen / LIFES Address	7416	Printing			
City	State	Zip Code	T-Shirts	(CAPS	\$315 06
First Name	Middle Nan	ne	Purpose of Expenditure	7	Amount of Expenditure
Last Name/Business Name POSTMASTEV 6 Address	ene	v4/			
City	State	Zip Code	Maili	ng # 1	4 1066 95
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name				,	
Address					
City	State	Zip Code			
First Name	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
 TOTAL ITEMIZED CAMPAIGN EXPENDIT (Carry forward to item 3. of next page if additional pages (If this is the last page of expenditures, this amount must 	of this form a				\$ 5653.10

ITEMIZED STATEMENT OF OTHER EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE John & Evant	Li	Tn		2. REPORT COVER	TO: 10-27-98
				8 00 10	Amount
TOTAL ITEMIZED OTHER EXPENDITURE COMPLETE THE APPROPRIATE ITEMS FOR				than \$100 to any payee during	og the period)
First/Name	Middle Na	The second second	Purpose of Expenditure	The state of the s	Amount of Expenditure
TEST MAST	I MODIC TO		- apost or anyonator		
Last Name/Business Name					
Address			1		
City	State	Zip Code	Postage	- Reception	\$ 16000
First Name	Middle Na	me	Purpose of Expenditure	in the second	Amount of Expenditure
Last Name/Business Name LUNCO RAC Address	10				
City	State	Zip Code	Advert	13170	\$ 20000
First Name	Middle Na	те	Purpose of Expenditure	The same of the sa	Amount of Expenditure
Last Name/Business Name RIVEV CI+ Address City	A-S-S	Zip Code	Donat		\$ 100°CU
First Name	A Eddle Nor			107	4 100
First Name Middle Name			Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Address Last Name/Business Name Address	45	Banquet			
City	State	Zip Code	Donat	107	\$ 250 00
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name A. A. F.A. S.N.C. Address	ne'	HA			
City	State	Zip Code	DONA	1100	\$ 10000
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
 TOTAL ITEMIZED OTHER EXPENDITUR (Carry forward to item 3. of next page if additional pages (if this is the last page of other expenditures, this amount 	of this form a				\$81000

SS-1130 (Rev. 8-97)

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ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR CO						F	ROM:		RING THE PERIOD TO:
John Fri	1						8-28-		10-27-98
3. COMPLETE THE APPROPRIAT	TE ITEMS FOR EA	ACH ITEMI	ZED LOAN	(loans totaling n	nore than \$10	0 from any sou	roe during the p	period)	OF THE STATE OF
Complete the Following for the Source	of the Loan								
First Name	Middle Name	ev	Outstanding L (Beginning		Loans Receive		Loan ayments	Out	standing Loan Balance (End of Period)
Last Name/Organization Name	70-		-0	5-	50	∞	0 -	5	000
Amsouth	BAN	1K	- 0		9,00	~	Date of Lo	1 -	,000
Address N	mitz		Loan Receive		Genera	l Flortion	1000		1-98
Chatt.	State Zip C	0de 1406		lection (Specify)		LIOUIOI	1 9	- 4	-78
l	ist All Endorsers or	Guarantors f	for Above Loa	n (If more spa	ce is neede	d please atta	ch a page)		
First Name	Middle	Name		First Name				Middle	Name
Last Name/Organization Name	Tn	r		Last Name/Org	anization Na	me			
Address	n1+7			Address	-				
Chn H	State	Zig C	1406	City				State	Zip Code
Amount Guaranteed Outstanding			, .00	Amount Guara	nteed Outstan	nding			
First Name	Middle	Name		First Name Middle Name					Name
Last Name/Organization Name				Last Name/Org	anization Nar	me			
Address				Address					
City	State	Zip C	Code	City				State	Zip Code
Amount Guaranteed Outstanding				Amount Guarar	nteed Outstan	ding			-
First Name	Middle	Name		First Name			No. of the last	Middle	e Name
Last Name/Organization Name	-			Last Name/Org	anization Nar	пе			
Address				Address					
City	State	Zip Ci	ode	City				State	Zip Code
Amount Guaranteed Outstanding				Amount Guaran	teed Outstan	ding			
First Name	Middle	Name		First Name		WI		Middle	Name
Last Name/Organization Name				Last Name/Org	anization Nan	ne			
Address				Address					
City	State	Zip Co	ode	City				State	Zip Code
Amount Guaranteed Outstanding				Amount Guaran	leed Outstand	ding			
Totals for all Loans (complete on I (Total loans received should also be shown in the complete on II)	in item 16. on summary	page.)		Outstanding Loc (Beginning or		Loans Received	Lo. Payr	an ments	Outstanding Loan Balance (End of Period)
(Total loan payments should also be shown i (Total outstanding loan balance should also			e.)	-0	-	5,000) - 1	0-	5,000